

WORKERS' COMPENSATION DECLARATION

I have a certificate of consent to self
 Certificate of Workers' Compensation Insurance,
 py thereof (Sec. 3800, Lab. C.)

Company _____

copy is hereby furnished.

copy is filed with the county building inspection
 department.

Applicant _____

**STATE OF EXEMPTION FROM WORKERS'
 COMPENSATION INSURANCE**

ed not be completed if the permit is for one
 (\$100) or less.)

the performance of the work for which this
 I shall not employ any person in any manner
 subject to the Workers' Compensation Laws.

Applicant _____

PLICANT: If, after making this Certificate of
 should become subject to the Workers'
 provisions of the Labor Code, you must forth-
 with such provisions or this permit shall be
 d.

LICENSED CONTRACTORS DECLARATION

that I am licensed under provisions of Chapter 9
 with Section 7000) of Division 3 of the Business
 Code, and my license is in full force and effect.

Lic. Class _____

Date _____

t under Sec. _____

this reason _____

Date: _____

OWNER-BUILDER DECLARATION

that I am exempt from the Contractor's License
 following reason (Section 7031.5, Business and
 e):

ner of the property, or my employees with
 their sole compensation, will do the work and
 ure is not intended or offered for sale (Section
 Business and Professions Code.)

er of the property, am exclusively contracting
 used contractors to construct the project (Sec-
 , Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

that there is a construction lending agency for
 e of the work for which this permit is issued
 C.).

s _____

have read this application and state that the
 on is correct. I agree to comply with all County
 State laws relating to building construction,
 horize representatives of this County to enter
 mentioned property for inspection purposes.

for All Right 8-14-90
 of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS _____					
CITY _____ ZIP _____					
SIZE OF LOT _____		NO. OF BLDGS. NOW ON LOT _____			
TRACT _____	BLOCK _____	LOT NO. _____			
OWNER _____		TEL. NO. _____			
ADDRESS _____					
CITY _____		ZIP _____			
ARCHITECT OR ENGINEER _____		TEL. NO. _____			
ADDRESS _____					
CONTRACTOR <i>CUNER</i>		TEL. NO. _____			
ADDRESS _____		LIC. NO. _____			
CITY _____		LIC. CLASS _____			
SQ. FT. SIZE _____	NO. OF STORIES _____	NO. OF FAMILIES _____	CHECK ONE		
DESCRIPTION OF WORK _____			NEW <input type="checkbox"/>		
_____			ADD <input type="checkbox"/>		
_____			ALTER <input type="checkbox"/>		
_____			REPAIR <input type="checkbox"/>		
USE OF EXISTING BLDG. _____			DEMOL <input type="checkbox"/>		
APPLICANT (PRINT) _____		TEL. NO. _____			
ADDRESS _____					
PRESENT BUILDING ADDRESS _____					
LOCALITY _____					
MOVING CONTRACTOR _____		TEL. NO. _____			
ADDRESS _____					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE		EXIST. WIDTH
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$ _____		Permit Fee 53.75			
Investigation Fee _____		Issuance Fee 13.00			
		Total Fee \$66.75			
BUILDING ADDRESS 168 S. McDONNEL					
LOCALITY E.L.A.					
NEAREST CROSS ST. GLEASON ST.					
ASSESSOR MAP BOOK _____		PAGE _____			
USE ZONE R2		MAP NO. 3212			
SPECIAL CONDITIONS _____					
DISTRICT 6	GROUP R3	TYPE CONST. II	FIRE ZONE III		
STATISTICAL CLASSIFICATION					
CLASS NO. 21		DWELL. UNITS _____			
SEWER MAP					
BK. _____		PG. _____			
VALUATION					
\$ 3600					
\$ _____					
FINAL DATE					
FINAL By <i>Exp 11/4/94</i>					
LDMA Ref. # _____					
LDMA P/C # _____					
LDMA Perm. # _____					

SEE REVERSE FOR EXPLANATORY LANGUAGE

Approved

10-2-90 OK'd to pay
for 25 per post.

Date Received
or Approved

Signature